

WIA APPLICATION

Page 1 of 2

LAST NAME: _____		FIRST NAME: _____		MI: _____	
ADDRESS: _____					
CITY: _____		STATE: _____		ZIP: _____	
E-MAIL: _____			COUNTY: _____		
HOME PHONE: _____ -- _____ -- _____			SSN: _____ -- _____ -- _____		
SERVICE PROVIDER: _____			SITE CODE: 02 03 / _____		

CONTACT INFORMATION	2ND CONTACT INFORMATION
LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
PHONE:	PHONE:
RELATIONSHIP:	RELATIONSHIP:
1) DATE OF BIRTH:	15) DISABLED VETERAN:
	1. YES
2) HISPANIC/LATINO:	2. YES, SPECIAL DISABLED
1. YES	3. NO
2. NO	16) RECENTLY SEPARATED VETERAN:
2A) WIASRD RACES:	1. YES
WHITE YES NO AMER INDIAN YES NO	2. NO
ASIAN YES NO HAWAIIAN/NATV YES NO	17) INDIVIDUAL WITH DISABILITY:
BLK/AFRCN YES NO	1. YES
3) GENDER:	2. NO
1. MALE 2. FEMALE	18) YOUTH WHO NEEDS ASSISTANCE:
4) CITIZEN STATUS:	1. YES
1. CITIZEN	2. NO
2. ELIGIBLE NON CITIZEN	19) LIMITED ENGLISH PROFICIENCY:
3. NON CITIZEN	1. YES
5) EDUCATION STATUS:	2. NO
1. In-school, H.S. or less	20) OFFENDER:
2. In-school, Alternative School	1. YES
3. In-school, Post-H.S.	2. NO
4. Not attending school or H.S. Dropout	21) DISPLACED HOMEMAKER:
5. Not attending school; H.S. graduate	1. YES
6) HIGHEST SCHOOL GRADE COMPLETED:	2. NO
7) BEHIND GRADE:	22) HOMELESS AND/OR RUNAWAY:
1. YES 2. NO	1. YES
8) BASIC LITERACY SKILLS DEFICIENCY:	2. NO
1. YES 2. NO	23) LACKS WORK HISTORY:
9) FAMILY SIZE:	1. YES
	2. NO
10) DEPENDENTS < 18	24) LONG-TERM TANF:
	1. YES
11) SINGLE PARENT:	2. NO
1. YES 2. NO	25) PREGNANT OR PARENTING YOUTH:
12) SELECTIVE SERVICE MALE BORN AFTER 12/31/59:	1. YES
1. YES	2. NO
2. NO	26) SUBSTANCE ABUSE:
3. EXEMPT-INCLUDING FEMALES	1. YES
13) VETERAN STATUS:	2. NO
1. YES < 180 DAYS	27) LOCALLY DEFINED BARRIER:
2. ELIGIBLE VETERAN	1. YES
3. OTHER ELIGIBLE PERSON	2. NO
4. NO	28) UNEMPLOYMENT INSURANCE:
14) CAMPAIGN VETERAN:	1. YES
1. YES	2. NO
2. NO	3. EXHAUSTED BENEFITS

All Required Fields are Bold

